PTO/SB/17 (96-07)
Approved for use through 05/30/2007, OMB 0651-0632
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information units in discharge and the collection of the col

Under the F	respond to a collection of information unless it displays a valid OMB control number									
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Application Number 10/587,246-Conf. #9704					
FEE TRANSMITTAL					······································			July 26, 2006		
\$								Yutaka UMEHARA		
For FY 2007					,,,,,,			Not Yet Assigned		
Applicant claims small entity status. See 37 CFR 1.27					Art Unit			1724		
TOTAL AMOUNT OF PAYMENT (\$) 120,00					******************			4600-0124PUS1		
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
x Deposit Account Deposit Account Number: 02-2446 Deposit Account Name. Birch, Stewart, Kolasch & Birch, LLP										
For the above identified deposit account, the Director is hereby authorized to: (check all that apply)										
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee										
X Charge any additional fee(s) or underpayments of X Credit any overpayments										
FEE CALCULATION										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
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Amatianatian 3	Tunna &a		Small Entity		Small &	intity		Small Entity	_	mar a u sass
Application 3 Utility		<u>e (\$)</u>	Fee (\$)	Fee (\$			Fee (\$)	Fee (\$)	rees	Paid (\$)
Design		800 100	150 100	500	250		200	180	·····	
Plant		200; 160		200	51		130	65	***************************************	
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		00	150	500	250	-	600	300		
Provisional		100	100	0	}	}	0	0		· A · · · · · ·
2. EXCESS CLAIM FEES Small E Fee Description Fee (\$) Fee 1										
Each claim over 20 (including Reissues)									50	25
Each independent claim over 3 (including Reissues)									200	100
Multiple dependent claims									360	180
Total Claims Extra Claims Fee (\$) Fee P				aid (\$) Multiple Depe			ltiple Depende	dent Claims		
* *							Ees	els) E	ee Paid (\$)
	nber of total claims pai				. Talia Jaka		*****			
Indep, Claims	Extra Claim	5 F6	e (\$) _	7663	'aid (\$)					
HP = highest number of independent claims paid for, if greater than 3.										
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
<u> Total Shee</u>							tion thereof	Fee (\$)	Fee	Paid (\$)
- 100 × /50 = (round up to a whole number) x =										
4. OTHER FEE(S) Fees Paid (S)										
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 120,00										
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SUBMITTED BY			7 11 37		Maninton diam	de		***************************************		
Signature				Registration N (Attorney/Ager	ecz: (<u>1)</u>	28,977	Telephone	(703) 20	5-8000	
Name (Print/Type)	Gerald M. Mur	priy. Jr.		A.				Date	July 6,	2007